

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000061892

**FILED**  
**Apr 19, 2013**  
**Secretary of State**  
**CC0071067753**

**Entity Name:** NORTH POINTE MOBILE HOME SALES LLC

**Current Principal Place of Business:**

4545 NW 13TH STREET  
GAINESVILLE, FL 32609

**Current Mailing Address:**

4545 NW 13TH STREET  
GAINESVILLE, FL 32609

**FEI Number:** 27-2806855

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BRASHEAR, MARSH & MCCARTY, PL  
926 NW 13TH STREET  
GAINESVILLE, FL 32601 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name WALKER, DAVID SR.  
Address 4577 NORTHWEST 13TH STREET  
City-State-Zip: GAINESVILLE FL 32609

Title P  
Name WALKER, DAVID SR.  
Address 4577 NORTHWEST 13TH STREET  
City-State-Zip: GAINESVILLE FL 32609

Title S  
Name STAFFORD, LUELLA  
Address 4577 NORTHWEST 13TH STREET  
City-State-Zip: GAINESVILLE FL 32609

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DAVID J WALKER SR.

**PRESIDENT**

**04/19/2013**

Electronic Signature of Signing Authorized Person(s) Detail

Date